ATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/462472

3		CLA	(Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	1	RATE	FI	E
BASIC FEE										380.00	OR	81416	760	.00
TOTAL CLAIMS			13	minus 2	20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =			*			X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0"						enter "0" in c	olumn 2	L	TOTAL		OR	TOTAL	84	0
CLAIMS AS AMENDED - PART II												OTHER THAN		
			umn 1)			Column 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL	NTI	TY
AMENDMENT A	e de la companya de	REM. AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE, S40/07/	TIO	DI- NAL EE
NDN	Total	* /	<u>3 </u>	Minus	**	20	=		X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* '		Minus	***		=		X39=		OR	X78=		
	FIRST PRESE	NIAIIC	ON OF M	OLTIPLE DEF	EINL	DENT CLAIM		ا ا	+130=		OR	+260=	A	
								L-	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	84	A To
		(Coli	umn 1)		(C	Column 2)	(Column 3)		0011.1 22		•		-	
AMENDMENT B		CL REM AF	AIMS AINING TER IDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
NON	Total	* 5	36	Minus	**	<i>3</i> 0	= 6		X\$ 9=		OR	X\$18=	10	89
AME	Independent	*	1	Minus	**	· 3	=		X39=		OR	X78≃		
	FIRST PRESE	NIAIIC	ON OF M	ULTIPLE DEF	PEN	DENT CLAIM		!	+130=		OR	+260=		
								L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Colu	umn 1)		(0	Column 2)	(Column 3)	_	DD11.1 EE 1			ADDII. I C.L.		
AMENDMENT C		REM. AF	AIMS AINING TER IDMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
NON	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*		Minus	***		=		X39=		OR	X78=		
_	FIRST PRESE	NTATIC	N OF M	ULTIPLE DEF	PEN	DENT CLAIM		!	100			000		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	-	
**	If the "Highest Nui If the "Highest Nu The "Highest Nur	mber Pre	eviously Pa	aid For" IN THI aid For" IN THI	S SPA S SPA	ACE is less that ACE is less tha	n 20, enter "20." n 3, enter "3."		TOTAL DDIT. FEE d in the app	propriate box		TOTAL ADDIT. FEE umn 1.		\dashv